

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2		1					52					
3		2					53					
4		3					54					
5		4					55					
6		5					56					
7		6					57					
8		7					58					
9		8					59					
10	1						60					
11	1						61					
12							62					
13							63					
14							64					
15							65					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL D.	3						TOTAL IND.					
TOTAL P.	9						TOTAL DEP.					
TOTAL Aims	12						TOTAL CLAIMS					

REST AVAILABLE COPY